



Sumter School District

Student Enrollment and Registration Form

STUDENT ENROLLMENT INFORMATION

School: _____		Date: _____		Bus Service: <input type="checkbox"/> Yes <input type="checkbox"/> No		Bus Number: _____		
Last Name:			First Name:			Middle Name:		Suffix:
Current Residential Address:			Apartment Number:		City:		State:	Zip:
Is this location on Shaw Air Force Base or on Federal Property? <input type="checkbox"/> Yes <input type="checkbox"/> No			Approved for : <input type="checkbox"/> Regular Enrollment <input type="checkbox"/> Intra-district <input type="checkbox"/> School Choice (SES)					<input type="checkbox"/> Out-of-Zone <input type="checkbox"/> Out-of-District <input type="checkbox"/> Special Transportation
Grade:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth:		Place of Birth (if not in the US):		
Is the student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No			Check race category that applies (below):			Telephone Number:		
<input type="checkbox"/> American Indian	<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Multiple/Other _____		
Is the student enrolled in any of the following programs or does the student have one of the following plans?		Gifted/Talented <input type="checkbox"/> Yes <input type="checkbox"/> No	English for Speakers of Other Languages (ESOL) Program <input type="checkbox"/> Yes <input type="checkbox"/> No	Student Support Program <input type="checkbox"/> Yes <input type="checkbox"/> No	Special Education Program/Individualized Education Plan (IEP) <input type="checkbox"/> Yes <input type="checkbox"/> No	Speech Program <input type="checkbox"/> Yes <input type="checkbox"/> No	504 Plan <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is either parent/guardian serving in any military service? <input type="checkbox"/> Yes <input type="checkbox"/> No			Please indicate the capacity in which the parent/guardian serves: <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves <input type="checkbox"/> Active Duty			Deployed? <input type="checkbox"/> Yes <input type="checkbox"/> No		

PARENT OR GUARDIAN INFORMATION

With whom does the student live, and what is the relationship? Please check:							
<input type="checkbox"/> Both Parents	<input type="checkbox"/> Father Only	<input type="checkbox"/> Father and Stepmother	<input type="checkbox"/> Mother Only	<input type="checkbox"/> Mother and Stepfather	<input type="checkbox"/> Grandparents	<input type="checkbox"/> Foster Parents	<input type="checkbox"/> Legal Guardians
Name of Father/Guardian:		Address (if different from the student's):			City:	State:	Zip Code
Occupation:		Work Address:		Home Telephone:		Work Telephone:	Cell Phone:
Email Address (Father/Guardian):							
Name of Mother/Guardian:		Address (if different from the student's):			City:	State:	Zip Code:
Occupation:		Work Address:		Home Telephone:		Work Telephone:	Cell Phone:
Email Address (Mother/Guardian):							

EMERGENCY CONTACT INFORMATION

These individuals, with presentation of photo identification, will be authorized to pick up your student in an emergency situation.			
Name:	Relationship:	Home Telephone:	Cell Phone:
Name:	Relationship:	Home Telephone:	Cell Phone:
Name:	Relationship:	Home Telephone:	Cell Phone:



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SIBLING INFORMATION

Last Name:	First Name:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Is the student enrolled in Sumter School District? <input type="checkbox"/> No <input type="checkbox"/> Yes	Name of school in which student is currently enrolled: _____		Grade: _____
Last Name:	First Name:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Is the student enrolled in Sumter School District? <input type="checkbox"/> No <input type="checkbox"/> Yes	Name of school in which student is currently enrolled: _____		Grade: _____

MEDICAL INFORMATION

Does the student have any physical disabilities? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list: _____	Does your child have any allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list: _____		
Indicate any health problems that pertain to this student:		List Medication(s):	
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	High Blood Pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attention Deficit Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Kidney Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Clotting Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Muscle or Bone (Scoliosis)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sickle Cell Anemia	<input type="checkbox"/> Yes <input type="checkbox"/> No
Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vision Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hearing Problem(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

PREVIOUS ENROLLMENT INFORMATION

Pre-School Experience Only:	<input type="checkbox"/> Pre-K Program	<input type="checkbox"/> Private Pre-School	<input type="checkbox"/> Private Daycare
	<input type="checkbox"/> Head Start	<input type="checkbox"/> Babysitter's House	<input type="checkbox"/> Home
Has the student ever repeated a grade?		Has the student attended a previous school in Sumter School District	
List last school attended if not in Sumter School District: _____	Address: _____	City: _____	Zip Code: _____ Telephone Number: _____
To what grade does the student expect the school to assign him or her? <input type="checkbox"/> Pre-K <input type="checkbox"/> Kg <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th			
How many high school units has the student earned? _____			
Is the student currently suspended or pending expulsion from school? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has the student been expelled from any school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what is the reason for the current suspension or pending expulsion? _____		If yes, what was the reason for the expulsion? _____	
Has the student been withdrawn from a school in lieu of expulsion: <input type="checkbox"/> Yes <input type="checkbox"/> No		Has the student ever received home-based (not medical home bound) services for disciplinary reasons? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____	
Would the former school district and/or school allow this student to return if he or she desired: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Check any of the following schools the student has attended:			
Charter Rivers <input type="checkbox"/>	Evaluation and Testing (ET) Center <input type="checkbox"/>	Earl Morris <input type="checkbox"/>	
Hall Institute <input type="checkbox"/>	Marine Institute <input type="checkbox"/>	R & E <input type="checkbox"/>	
Wil Lou Gray <input type="checkbox"/>	Willow Lane <input type="checkbox"/>	Alternative School <input type="checkbox"/>	



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LEGAL GUARDIANSHIP

If the student does not live with mother or father, please complete this section:

Name of Guardian/Custodial Parent: _____ Relationship: _____

Status: Legal Guardian: Yes No Legal Custody: Yes No
Legal documents supporting guardianship: Yes No Verified By: _____

PARENT'S OR LEGAL GUARDIAN'S SIGNATURE REQUIRED

I am a resident citizen of Sumter School District, or I am an employee with a child or children in Sumter School District, or I have out of district permission for my child or children to attend a school(s) in Sumter School District. The information on this application is true to the best of my knowledge. I understand that the willful omission or willful misstatement of any information on this form may result in the withdrawal of this student from Sumter School District or other appropriate actions as determined by the administration.

Parent's or Legal Guardian's Signature:

Parent's or Legal Guardian's Signature:

Date: _____

Date: _____

Additional Comments:

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NEXT PAGE MUST BE COMPLETED FOR ALL STUDENTS
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Home Language Survey (HLS)

The Civil Rights Act of 1964, Title VI, Language Minority Compliance Procedures, requires school districts and charter schools to determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students as outlined Plyler v. Doe, 457 U.S. 202 (1982).

The purpose of this survey is to determine the primary or home language of the student. The HLS must be given to all students enrolled in the school district / charter school. The HLS is administered one time, upon initial enrollment in South Carolina, and remains in the student's permanent record.

Please note that the answers to the survey below are student-specific. If a language other than English is recorded for ANY of the survey questions below, the W-APT will be administered to determine whether or not the student will qualify for additional English language development support.

Please answer the following questions regarding the language spoken by the student:

1. What is the language that the **student** first acquired? _____
2. What is the primary language(s) most often spoken by the **student**? _____
3. What is the language used in the home, regardless of language spoken by the **student**? _____
4. In what language do you wish to have communication from the school? _____

Student Name: _____ **Grade:** _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____

By signing here, you certify that responses to the three questions above are specific to your student. You understand that if a language other than English has been identified, your student will be tested to determine if they qualify for English language development services, to help them become fluent in English. If entered into the English language development program, your student will be entitled to services as an English learner and will be tested annually to determine their English language proficiency.

For School Use Only:

School personnel who administered and explained the HLS and the placement of a student into an English language development program if a language other than English was indicated:

Name: _____

Date: _____